

L03000033312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

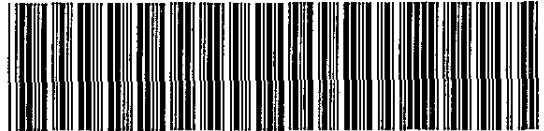
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 SEP -4 AM 10:45

DEPT. OF STATE
TALLAHASSEE, FLORIDA

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

BK



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 0721000000032

REFERENCE : 219648 4306747

AUTHORIZATION :

Patricia Pigatto

COST LIMIT : \$ 190.00

03 SEP -4
FILED
TALLAHASSEE, FLORIDA
AM 10:45

ORDER DATE : September 3, 2003

ORDER TIME : 4:20 pm

ORDER NO. : 219648-005

CUSTOMER NO: 4306747

CUSTOMER: Gayle Aiken, Legal Assistant
Honigman Miller Schwartz And
Cohn
Suite 2290
660 Woodward Avenue
Detroit, MI 48226

DOMESTIC FILING

NAME: BANKS & ASSOCIATES LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

TWO CERTIFIED COPY
PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 1114

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Banks & Associates LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

9912 Wind Tree Boulevard

Seminole, FL 33772

Mailing Address:

9912 Wind Tree Boulevard

Seminole, FL 33772

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Robert J. Banks

Name

9912 Wind Tree Boulevard

Florida street address (P.O. Box **NOT** acceptable)

Seminole, FL 33772

FL

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM


Robert J. Banks, Trustee under the Robert J.
Banks Revocable Trust Agreement dated
6/19/91

9912 Wind Tree Boulevard
Seminole, FL 33772

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Gregory J. DeMars, Authorized Representative

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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